	MIS	SO	URI	DI	VIS	ION OF HEA	LTH - STAND	ARD CER	TIFICATE, O	E DEATH	13	E6 3	3-0	448	301	
DO NOT WRI	TE	AN	AENDEC	, 1		egistration District No	245 Prin	eary Registration I	District No.	771366	161		STATE	FILE NU	MBER	
ON THIS STU	В					ILED NOV 1	8 1963				_					
VS 300		<u>. </u>			1.		wton			2. USUAL RESIDEN 8. STATE MIS			a. If ins Newt			ice before
Rev. 4/59	'	AMENDED					porațe limits, give TOWNS anby	SHIP only)	Length of stay in 1b 5 years.	c. CITY OR TOWN	Granby				_	de Limits
1073		₹				c. FULL NAME OF (IF	NOT In hospital, give locat		Inside Limits	d. STREET ADDRESS	(If	cutside, g	give locati	on)		e on Farm
2013	02	DATE			_	institution Ca	rter Rest F	[оше	Ye ¾ No □	ADDRESS	None'				Yes [] K oN
3					3	NAME OF DECEASED (Type or print)	Nora.	Belle	Dixon	Last	4. DATE OF DEATH	Nove	mber	Day 14,	19	Year —— 963
4 /	_				5.	sex Female	6. COLOR OR RACE White:	7. Married Widowedy		8. DATE OF BIRTH 3-8-1881	9. AGE (last E	oirthday)	(F UNDE	R I YEAR Days	IF UN	NDER 24 HR
5 2	_				10.	a. USUAL OCCUPATION	Give kind of work done		USINESS OR INDUSTRY	11. BIRTHPLACE (City and state or			IZEN OF 1	WHAT (COUNTRY
6	_ S#S					duringings of earlying	စ်'မြော, even if retired)	Ноше) THER'S MAIDEN NAM!	Augusta			USBAND	USA		
<u> 7 ()</u>	_[]	Ì			134	Anderson .	Hutchens	135. MC	Rebecca F				s.ed	-		
8 O	AS F						IN U.S. ARMED FORCES?	16. SO	CIAL SECURITY NO.		n Holisti		Address		-	
9422.	2 🗒			<u>_</u>	\ \ \	18. CAUSE OF DEATH	yes, give war or dates of		1	rs. Della	a Hervy	Meo	sno,	IN	ERVAL	BETWEEN
10	_ &	ڀ		MEN	Ιİ	PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Myocard	ial failurê					01	2 h	HTA3D DR
11	ାଧ	9 0		DOCUMENT			•			,					_	
12 8/2 13 13 / 13	HI SH	INSTEA	\perp			which ga abova 6 stating 1	na, if any, properties to the under- touse last. DUE TO (b)	·	Myocarditi	<u> </u>					ınkn	own
<u></u>	_ -				NO	PART II.	OTHER SIGNIFICANT Co	ONDITIONS CON	TRIBUTING TO DEAT	H but not related to	the terminal	PÄRT				emale was last 90 days.
	ST				CERTIFICATION	_			1			<u> </u>	Yes			Unknown
	AMENDMENT					19. WAS AUTOPSY PERFORMED? YES NO	20a. ACCIDENT SUICIDE	HOMICIDE	205. DESCRIBE HO	W INJURY OCCURRED	. (Enter natura of	ininta iu	PAKI I OI	PAKI II	or item	
INK RIBBON	¥			·	MEDICAL	20c. TIME OF Hour injury a.m. p.m.	Month, Day, Year									
<u> </u>	1 6					20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT W	☐ ! farm, f	OF INJURY (e.g., actory, street, off		20F. CITY, TOWN, OR	LOCATION		COUNT	Y		STATE
USE BLAC OR TYPEWRITER		READ				21. I attended the dec	essed from March 2	2, 1961	_	er 23, 196;		.,.	Octob			963
😤		ا ۵				Death occurred at	3:20	\frown	Pm on th	e data stated above, a	and to the best of	f my knov	wledge, fr	om the ca	uses at	ated.
USE		SHOULD		Ö		22a. SIGNATURE	. (or litte)	. 0.	22b. ADDRESS						ATE SIGNED
7	H	+	$\bot \!\!\!\! \bot$	4VIT	 23/	BURIAL, CREWATION,	23b. DATE	23c. NAME	OF CENETERY OF CHE		Missouri Bd. LOCATION (City, tow	n, or cour	ity)		. <u>∸15–63</u>
		ġ Z		AFFIDA]	BREACH T Topecify)	11-17-1963	Grant	Memoria	11	Granby	J*			\subseteq),
		ITEM NO.		BY A		FUNERAL DIRECTOR Sinewmake F	uneral Home	ress e Granby		-16-63	EG. 26://REGY	Wal	MATURE MU	, E	Xel	Ka

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

by	, Student Embalmer No
orking under my personal supervision.	Signed Hoge E. Soumbe J.
udent	Signed Hoye C. Sumbe of.
Signature of Student Embalmer	
	Box 2/8 Hanly Mussour 6
	Box 2/8 Hanh
•	P. O. Address / Mussoure

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.